

# ROOTS PUBLIC CHARTER SCHOOL

15 Kennedy Street Northwest  
Washington, DC 20011

Phone: (202) 882-8073 Fax: (202)-882-8075

Web Address: [rootspcs.org](http://rootspcs.org)

## ADMISSION APPLICATION

Proposed Entry Date \_\_\_\_\_ SY \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ Child Lives With \_\_\_\_\_

Previous School: \_\_\_\_\_ Student ID# \_\_\_\_\_

Does Student have Health issues requiring emergency response? Yes \_\_\_ No \_\_\_  
If yes, give description: \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Mother's Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City State Zip

Father's Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home# \_\_\_\_\_ Work # \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

**Please Note:** In a case of emergency the Administration will contact the mother, father, or Legal Guardian; if neither can be reached, the **first** person on the Authorized Emergency List will be contacted.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# AUTHORIZED EMERGENCY CONTACT LIST

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Additional Telephone Numbers \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Additional Telephone Numbers \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Additional Telephone Numbers \_\_\_\_\_

\_\_\_\_\_